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Hillview, Westmeath

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Authors	Carey, Declan;Pearson, Paul
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**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Hillview
Centre ID:	OSV-0002481
Centre county:	Westmeath
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Jude O'Neill
Lead inspector:	Declan Carey
Support inspector(s):	Paul Pearson
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 23 March 2017 09:00 To: 23 March 2017 17:15

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to inspection:

The purpose of the inspection was to assess compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

The statement of purpose for the designated centre described the service as an environment where autonomy, choice, dignity and respect for the people who lived there was central. Residents were encouraged, empowered and enabled to maximise their potential through engagement and participation in meaningful activities and opportunities both inside and outside their home.

The service provided full-time care and support to five residents.

How we gathered evidence:

The inspectors met with five staff members and interviewed two of them (a staff nurse and a health-care assistant) about the service being provided to the residents.

The person in charge and the person participating in management were also spoken with at length, and the regional director of nursing, community services manager and assistant director of nursing attended feedback at the end of this one-day inspection process.

The inspectors also met with five residents over the course of the inspection and had the opportunity to speak with three of them in their sitting room.

One of those residents discussed their person-centred plan with the inspectors and told the inspectors that they loved living in their home and had no issues with any of the staff members. The residents took an interest in their home and personal belongings and personal plans outlined how they chose to spend their time throughout the week.

Policies and documents were also viewed as part of the process, including a sample of the residents' health and social care plans, complaints policy, the contracts of care, health and safety documentation, safeguarding documentation and risk assessments.

Description of the service:

The centre is comprised of a large detached house in a suburban setting which provided residential accommodation for five residents both male and female. The centre provided transport so that residents had access to local amenities such as churches, hotels, restaurants, barbers, pubs, cinema and shopping centres. The centre was in close proximity to a large town.

Overall judgment of our findings:

Overall, good levels of compliance were found across most outcomes assessed. The inspectors found that residents were supported to achieve independence and community participation according to their wishes. There were adequate staffing levels to meet the needs of all residents living in the centre and to ensure that personal plans had been developed for each resident, and it was found they had good access to health and social care services.

The centre was comfortable, appropriately furnished and well maintained. Staff and residents knew each other well and residents were observed to be relaxed and happy in the company of staff. Residents told the inspectors that they enjoyed their life in the centre and that they were well cared for by the staff.

Of the nine outcomes assessed, the outcomes on; social care needs, healthcare needs, medication management, statement of purpose and governance and management were found to be fully compliant.

Areas that required review included the outcomes on safeguarding and safety, risk management and workforce, all of which were found to be substantially compliant. A moderate non-compliance was found with Outcome 6: Premises. These are further discussed in the main body of this report and in the action plan at the end of this report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors found that residents were supported to identify and achieve their individual goals. Residents spoke with inspectors about their likes and interests and were happy to show inspectors their personal plans.

There were no recent admissions into the centre at time of this inspection. Each resident's social care needs were reviewed annually or sooner if required so as to meet any changes of circumstances. Residents had a key worker assigned to them to help them identify and achieve their personal goals. Inspectors saw evidence that key workers assisted and supported residents to access and try new activities, and there was evidence of ongoing identification of new goals in line with residents' likes and preferred interests.

Inspectors reviewed a sample of personal plans. This detailed each person's individual needs and choices and there was evidence of multidisciplinary input into these plans where required. Each resident had a copy of their personal plan which was in an accessible format. Some residents showed the inspectors their personal plans and the activities they enjoyed to participate in.

There was evidence that the personal plans were implemented and reviewed on a regular basis. Inspectors spoke with staff and residents regarding their personal plans. Inspectors observed that there was a focus on ensuring residents were facilitated to achieve their goals and participate in a wide range of activities of their choosing. Staff informed inspectors that the personal plans were reviewed with the resident and their families where possible.

At the time of inspection, there were no planned admissions, transfers or discharges to or from the centre. There were policies and procedures in place to guide staff on the transition process for residents. Inspectors spoke with staff regarding a resident who had moved out of the centre since the last inspection. Staff were knowledgeable regarding the process and actions they carried out to ensure the resident was supported to move into their new living arrangement, and staff ensured any necessary supports were in place prior to the transition.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall, inspectors found that residents' rooms and living areas in the house were suitably decorated. Improvements were identified in the accessibility of the living arrangements, based on residents' clinically assessed needs and as a result of ongoing maintenance and repair.

There was a shower chair in the shower cubicle in the main bathroom. Staff informed inspectors that some residents required it while others did not. The shower chair occupied most of the shower tray space; this resulted in a very small space for residents to step up into the shower cubicle and turn to sit on the chair. The design and construction of the cubicle did not allow staff to assist residents with their personal care when required.

The layout of the bathroom and showering facilities required attention as the design of these rooms did not allow staff to assist residents adequately, as specified in their documented care plans and clinical assessments.

The downstairs toilet was small with restricted space to manoeuvre. Inspectors found that it was difficult to close the door without manoeuvring around the fixtures and fittings. The toilet was fitted with a toilet frame to assist a resident who required it.

The light bulb in the hallway outside the downstairs bedroom and shower room was

absent from the light fitting. This area was not suitably lit for a person with a visual impairment, although the remainder of the centre was adequately lit for the residents' needs.

The designated centre consisted of a two-storey detached house in a residential setting. The house consisted of a living room, kitchen and utility room. There was one main bathroom, a shower room and a separate toilet in the house. Each resident had their own bedroom; one of these had an en-suite. Residents had adequate communal space in the centre. There was a garden to the rear of the house which provided a lawn, patio and seating areas for residents.

Two residents showed inspectors around their house and bedrooms. Each resident's bedroom was personalised and decorated in accordance with the residents wishes. Residents expressed to inspectors that they were happy with their rooms and talked about the decorations they had in their rooms. Residents had sufficient storage space for personal belongings, and their clothes were stored neatly in their wardrobes. Overall, the residents had rooms of a sufficient size which were suitably decorated and maintained.

There was evidence that some ongoing maintenance occurred in the centre. Inspectors observed the record of maintenance and repairs carried out prior to the inspection. Some improvements were required in the maintenance and upkeep in the designated centre. Inspectors observed that maintenance was required to the kitchen press surfaces, the finish on the front of the presses in the en-suite and the painting of the sitting room. The main bathroom in the house was upstairs. There were holes and cracks in the tiles within the shower unit from previous fixtures that had since being removed. The external walls of the house required painting as the current paint was flaking. A side gate to the rear garden and a chair in the garden, required repair.

Judgment:
Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspectors found that staff had measures in place to promote and protect the health and safety of residents, visitors and staff. Risks were addressed from the previous inspection and other risks, including fire safety and risk management were identified during this inspection.

The centre had policies and procedures relating to incidents where a resident goes missing. Inspectors observed that missing person profiles had been completed for all residents, and these contained specific identifying information.

The inspectors reviewed fire safety procedures during the inspection. There were up to date servicing records which indicated that the fire alarms were serviced quarterly. Regular fire evacuation drills took place involving all residents. In addition, there was a personal emergency evacuation plan on file for each resident.

The inspectors viewed training records that indicated that all staff had received up to date training in fire safety in this centre.

Internal checks of fire safety systems were in place, such as daily checks of fire alarms, and these were recorded. The procedures to be followed in the event of fire were displayed. At the time of inspection, all exit doors were free from obstruction. As a result of the previous inspection the provider undertook to install fire doors throughout the centre and this had been completed prior to this inspection.

There was a fire evacuation plan and emergency plan to guide staff in the management of other emergencies.

Inspectors reviewed fire safety equipment in the designated centre. The annual servicing records for fire extinguishers and blankets were out of date on the day of inspection. Staff in the centre had brought this to the attention of the provider, requesting a date when the servicing would be completed, prior to the servicing due date.

The inspectors raised this with the person in charge, and subsequently the provider installed new fire extinguishers prior to the end of the inspection. The person in charge outlined to inspectors that new fire blankets would be installed by the provider as soon as possible.

There was a risk management policy and a risk register for the centre and for each resident, including an individual falls risk assessment. There was a scheduled monthly incident review where the person in charge and an assistant director of nursing would review incidents. The monthly incident review was not updated on a scheduled monthly basis since November 2016. The person in charge outlined that a review would only take place if there had been an incident in the centre. The last monthly review covered the period from August 2016 to November 2016.

During the inspection, inspectors identified risks that had not been managed in line with the designated centre's policies and procedures. As a result, no preventative measures had been identified or implemented for some risks in the risk register or the individual risk assessments for residents.

For example, the risk register identified a risk in relation to a raised lip at the back door of the centre. While there were some control measures in place, actions to mitigate or remove this risk had not been completed as per the time frame outlined by the provider.

There was no documented progress on the issue and the risk was not reviewed in line with the documented review date.

Although there were no reported incidents involving residents, staff outlined to inspectors that staff from outside visiting the centre had recently tripped on this raised area and a similar raised area to the front door of the centre that was not documented in the risk register.

Inspectors observed that cleaning chemicals and household detergents were stored in unlocked presses in the kitchen and utility room. These presses were fitted with locks. The risk register outlined a risk of injury to residents, staff and visitors in relation to chemical liquids stored in the centre. The existing control measures specified that liquids must be secured and locked away in the centre.

The inspectors noted that the risk control measures were not being implemented in the designated centre. The inspectors spoke with the person in charge, who outlined that there was no current risk to residents and the risk assessment and control measures had not been updated to reflect this.

There was a documented risk in relation to the mobility needs of a resident. Control measures were documented and prescribed to support some residents. Inspectors reviewed the prescribed supports and observed that it was not possible for staff to implement the supports at all times. The prescribed supports could not be implemented due to the physical layout of the designated centre.

The provider had not reviewed the risk to some residents or ensured the control measures could be effectively implemented to ensure the safety of some residents. As a result, some residents required an updated assessment from a health and social care professional.

Judgment:
Substantially Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspectors found that there were adequate arrangements in place to protect the residents from harm and abuse in the centre. A sample of files also informed the inspectors that staff had training in the safeguarding of vulnerable adults. There was a policy on and procedures in place for safeguarding residents in the centre.

Of the staff spoken with during inspection, they were able to demonstrate their knowledge on what constitutes abuse, how to manage an allegation of abuse and all corresponding reporting procedures.

They were also able to identify who the designated person was in the centre and made reference to the safeguarding policies and procedures.

There was also a policy in place for the provision of personal intimate care and each resident had a personal intimate care plan on file. Personal intimate care plans were informative on how best to support each resident while at the same time maintaining their dignity, privacy and respect.

Staff spoken with were also able to verbalise how best to support the intimate care needs of each resident living in the centre.

There was a policy in place for the provision of positive behavioural support. Of the staff spoken with by the inspectors, they were able to verbalise their knowledge of residents' positive behavioural support plans. Staff knew how to manage problematic behaviour in line with policy, standard operating procedures and each residents' positive behavioural support plan.

There was a policy in place on the use of restrictive procedures and physical, chemical and environmental restraint however, this was out of date on the day of inspection. It was reported to the inspectors there was a process underway to review and update this policy.

There was also a restrictive intervention assessment and restrictive intervention register in place that involved residents, family members and relevant professionals. For example, residents' that required a restrictive measure had the assessment and register updated annually, as part of personal care plans.

Judgment:

Substantially Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Inspectors found that residents had timely access to healthcare services as required, and the services provided in the centre met the assessed needs of the residents.

Inspectors reviewed a sample of residents' healthcare plans. Each resident had an annual healthcare review that assessed the care received and ongoing healthcare requirements.

Residents had access to allied health professionals as required. Records of appointments and treatment received were maintained in the centre for each resident. Inspectors spoke with staff that were knowledgeable regarding residents' specific healthcare needs.

There were processes in place for managing end-of-life care and support. Where applicable, future care wishes of the residents were recorded.

Residents were provided with a choice of food and meals in the centre. There was a weekly menu outlined on a board in the kitchen, but staff informed inspectors that residents had the choice to have a different meal if they wished.

Residents had access to the kitchen and could prepare their own drinks and snacks when they wanted. If a resident required assistance with meals, staff provided this assistance in a dignified and respectful manner. Inspectors observed that mealtimes were relaxed, with staff supporting resident choices.

The kitchen was well stocked with food. Inspectors observed that residents' preference and dietary requirements were met. There was a detailed shopping list to inform staff on residents' food choices for the grocery shopping.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors reviewed the medication management practices in the centre. There were policies in place on the ordering, prescribing and storage of medications. Inspectors reviewed the prescription and administration records relating to the residents' medications. The records were well maintained with any changes to prescriptions updated promptly. Medicines were stored securely and the medicines management practices in the centre were in line with current guidelines.

Inspectors observed records that demonstrated that staff carried out regular checks and audits on the medication used in the centre. Staff also informed inspectors that the pharmacist would check the prescriptions and medications regularly.

Procedures and criteria for the administration of PRN (as required) medication were documented. Inspectors spoke with staff who were knowledgeable regarding the use of emergency medication. However, at the time of inspection it was not evidenced that all staff had received training in the administration of the emergency medication maintained in the centre. This is actioned under Outcome 17 workforce.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors reviewed the current version of the statement of purpose maintained in the designated centre. Inspectors found that it contained all of the information as required by Schedule 1 of the regulations. The statement of purpose was reviewed within the last year. There was an accessible version of the statement of purpose available to the residents in the centre.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Overall, the inspectors found that there was a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the monitoring, provision and quality of the service delivered.

The centre was managed by a suitably qualified, skilled and experienced person in charge, who was a registered nurse. From speaking with the person in charge at length over the course of the inspection, it was evident that she had an in-depth knowledge of the individual needs and support requirements of each resident living in the centre

The person in charge was aware of her statutory obligations and responsibilities with regard to the role of person in charge, the management of the centre and to her remit to the Health Act (2007) and regulations.

The inspectors found that appropriate management systems were in place for the absence of the person in charge as there was a person participating in management working in the centre who was in charge of the day-to-day operations.

It was found that the person participating in management was aware of the needs of each resident living there and engaged in the operational governance and management of the centre on a regular basis.

There was a number of qualified nursing staff and health-care staff on duty in the centre and one of these would assume the role of shift leader in the absence of the person in charge. There was also an on-call system in place, where staff could contact a manager 24/7 in the event of any unforeseen circumstance.

An annual audit of the safety and care provided in the centre was completed by the regional director of nursing. The inspectors viewed a sample of this report and found it addressed issues such as the complaints log and closing off open complaints. The inspectors observed that these issues had been addressed to the residents' satisfaction. For example, there had been interim maintenance works completed in the centre, residents had raised the matter with the person in charge who escalated the matter with the provider and this was addressed in a timely manner.

The regional management team made announced visits and unannounced visits to the centre and undertook audits as part of their remit. Random internal audits were also carried out in the centre by the person in charge. These audits identified areas of compliance and non-compliance. For example, the person in charge had identified a number of areas that required attention which had been addressed or in the process of being addressed by the time of this inspection.

A sample of staff supervision records informed the inspectors that the person in charge was providing supervision, support and leadership to her staff team. The person in charge worked on a full-time basis in the organisation and was directly engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

The person in charge was committed to their continuous professional development, was a qualified nurse and engaged in all required staff training.

Throughout the course of the inspection the inspectors observed that all the residents were familiar with the person in charge and other staff members and appeared very comfortable in their presence.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspectors found that there were sufficient staff numbers with the right skill-mix, qualifications and experience to meet the assessed needs of the residents however, some gaps were identified in staff training.

There was a team of registered nurses and health-care assistants working in the centre. The person in charge is supernumerary and is extra to the staff resources in the centre, with protected time to carry out her duties. In the absence of the person in charge, there is a person participating in management (a registered nurse) working within the service.

From a sample of files viewed, all nursing staff had up-to-date registration with their relevant professional body. The inspectors spoke with one of the nursing staff and one health-care assistant. Inspectors found staff to be knowledgeable of the needs of the residents and they spoke positively about the residents they supported.

From reviewing a sample of staff files, the inspectors observed that some staff required training in care planning as required by the previous inspection. Also, it was not evidenced that all staff had received training in the administration of the emergency medication maintained in the centre. The person in charge assured the inspectors that this training would be prioritised for the staff members in question.

All staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best practice. The person in charge outlined that all health-care assistants held relevant qualifications in a health discipline. The inspectors reviewed a sample of staff files and all of the required documentation was available.

The inspectors observed that residents received assistance in a dignified, timely and respectful manner. From observing staff in action, it was evident that they were competent to deliver the care and supports needs required by the residents.

The person in charge met with their staff team on a regular basis in order to support them in their roles. A sample of supervision notes were viewed by the inspectors. It was found that the supervision process was adequate and supported staff in improving their practice and to keep up to date with any changes happening in the centre.

Judgment:
Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Declan Carey
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0002481
Date of Inspection:	23 March 2017
Date of response:	17 August 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The layout of bathroom facilities did not meet the assessed needs of a resident. Care and support could not be provided in line with documented practice due to the accessibility of the centre.

1. Action Required:

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

Please state the actions you have taken or are planning to take:

A review of the current bathroom and showering facilities at the centre will be undertaken by the Occupational Therapist. 10/04/2017

Approval will be sought for funding for works to the bathroom areas. 31/05/2017

Tenders will be sourced for the completion of the work to the bathroom and shower room. 31/08/2017

A contractor will be appointed to complete the work to the main bathroom and shower room. 18/09/2017

The recommendations in the report completed by the Occupational Therapist to install two lower shower trays in the main bathroom and shower room will be completed. 31/11/2017

Proposed Timescale: 30/11/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The registered provider failed to ensure that the premises was maintained in a good state of repair.

- The exterior of the premises required painting.
- A side gate and garden furniture required repair.
- The interior of the premises required maintenance, in particular the kitchen and en-suite.
- Tiles in the main bathroom shower were cracked or holed.

2. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:

The light bulb will be replaced in the hallway. Complete 24/03/2017

The surface on the kitchen presses will be repaired by the maintenance department. Complete 30/07/2017

The finish on the front of the presses in the en suite will be repaired by the maintenance department. 31/07/2017

The main sitting room area will be painted.	31/03/2018
Holes and cracks on the tiles in the main bathroom shower will be repaired by the maintenance department.	31/07/2017
The exterior of the premises will be painted.	31/03/2018
The side gate at the rear of the centre will be repaired by the maintenance department	30/07/2017
The garden seat will be replaced. Complete	31/03/2017

Proposed Timescale: 31/03/2018

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The provider failed to ensure that there were effective systems in place for the ongoing review of risk relevant to the designated centre.

3. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:

All Incidents at the centre will be reviewed on a monthly basis by the PIC and the ADON commencing on 30/06/2017. A monthly review will be completed on Incidents in the centre. 14/07/2017

All Risks identified inclusive of the lip on the back door at the centre will be reviewed and appropriate preventive measures will be put in place. 12/06/2017

A plan will be put in place to review risks in line with review date specified. 12/06/2017

A full review of all potential risks in the centre will be carried out by the PIC and the staff team, all risks identified will be reflected in the risk register. 30/06/2017

The presses containing cleaning chemicals in the kitchen and in the utility room will be locked and the keys will be kept in a secure place in the centre. 24/03/2017

A full review will be undertaken in relation to the mobility needs of each resident. This will be undertaken by the PIC in conjunction with the Occupational therapist and Physiotherapist. 31/10/2017

Proposed Timescale: 31/10/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The provider failed to ensure that the annual servicing of fire safety blankets was completed.

4. Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

Please state the actions you have taken or are planning to take:

New fire safety blankets were purchased on 24th March for the designated centre.

Proposed Timescale: 07/07/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was a policy in place on the use of restrictive procedures and physical, chemical and environmental restraint, which was out of date exceeding three years on the day of inspection.

5. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:

A Policy review group has been set up to review all policies within the service.

Complete 31/05/2017

A plan will be developed to update all policies.

Complete 31/05/2017

The Procedure for the use of Restrictive Interventions will be reviewed by the policy review group.

Proposed Timescale: 30/10/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Staff required training in the development of support plans for residents, and not all staff had the required training in the administration of emergency medicines.

6. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:

All staff in the designated centre will receive Training in Care Planning. Complete 19/04/2017

All staff in the designated centre will receive Training in the Administration of Emergency Medication.

Proposed Timescale: 17/05/2017